

## CLAIMS ONLY

**Application Number**

10/506401

Filing Date

Applicant(s)

CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT	
	Indep	Depend	Indep	Depend	Indep	Depend
1			1			
2				1		
3						
4						
5				8		
6						
7						
8			1	1		
9				1		
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46						
47						
48						
49						
50						
Total Indep			2			
Total Depend			6			
Total Claims			8			

07-22-07

May be used for additional claims or amendments

	Indep	Depend	Indep	Depend	Indep	Depend
51						
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100						
Total Indep						
Total Depend						
Total Claims						